AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: MIXC CLEC [] ILEC [] Wireless

	CERTIFICATED CO	MPANY INFORMATION	740 10	
Broad	dview Networks. Inc.	IIII AMII OMIIAHON		
Comp	any Name	FEIN/SSN 610-755-4446		
Dba/fl	ka	Telephone #/\	TORYSTAFF	
1018	West 9th Ave.			
	g Address	400.000		
	Of Prussia, PA 19406	APR 0 4 2	<i>J.</i> 13	
SAME		and desired to a description of the second o		
	ess Location	and the second of the second	80 900 Degal	
SAME City S	Etate, Zip Code	Montgomery		
Oity, C	state, zip code	County		
***************************************	REGISTERED AG	SENT INFORMATION		
Regist	tered Agent: CT Corporation System	ENT IN ONIACION		
	g Address: 75 Beattie Place			
	ville, SC 29601			
	State, Zip Code			
suant	to the Commission's rules and regulations	, print or type company contact for t	he following are	
	Charles Hunter			
A.	General Manager (Include Address if different	ent than above) /		
	Telephone Number / Facsimile Number	/ E-mail Address		
	Lisa Taylor 800 Westchester Ave., Rye Bro	ook, NY 10573		
B.	Customer Relations/Complaints Represe 914-250-5420 /			
	Telephone Number / Facsimile Number	/ regulatorycomplaints@broadvie / E-mail Address	wnet.com	
	Lisa Taylor	/ L-mail Address		
C1.	Customer Relations/Complaints Representative for Escalated Complaints (Include Address if			
	different than above) 914-250-5420 /	/ regulatorycomplaints@broadvie	um at aam	
	Telephone Number / Facsimile Number		whet.com	
	800-276-2384	/ L Mail / (daless		
C2.	Customer Contact (Toll Free Number)		SRCEL	
D.	Engineering Operations (Include Address	if different than above)		
			APR 082	
	Telephone Number / Facsimile Number	/ E-mail Address	PSC Sc	
Ε.	Test and Repair (Include Address if different than above)			
	Telephone Number / Facsimile Number	/ E-mail Address		
=,	Emergencies (During Non-Office Hours)			
		/		
	Telephone Number / Facsimile Number	/ E-mail Address		
			Pg. 1 of 2	

## <u>In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:</u>

	Jarrod Harper	
G.	Regulatory Officer (Include Address if differ	rent than above)
	<u>610-755-4446</u>	/ jharper@broadviewnet.com
	Telephone Number / Facsimile Number	/ E-mail Address
	Jarrod Harper	
Н.	Dual Party Mailings (Name)	
	1018 West 9th Ave., King Of Prussia, PA 194	406
	(Mailing Address)	
	<u>610-755-4446 / 347-287-0845</u>	/ jharper@broadviewnet.com
	Telephone Number / Facsimile Number	/ E-mail Address
	Jarrod Harper	
l,	Interim LEC Fund Mailings (Name) SAME	
	(Mailing Address)	
		1
	Telephone Number / Facsimile Number	/ E-mail Address
	Jarrod Harper	
J.	Universal Service Fund Mailings (Name) SAME	
	(Mailing Address)	
	Telephone Number / Facsimile Number	/ E-mail Address
	Jarrod Harper	
K.	Gross Receipts Mailings (Name) SAME	
	(Mailing Address)	
		1
	Telephone Number / Facsimile Number	/ E-mail Address
_	Jarrod Harper	
L.	Lifeline Mailings (Name) SAME	
	(Mailing Address)	
	Tolonbone Number / Fact 19 Mark	<u> </u>
····	Telephone Number / Facsimile Number	/ E-mail Address
	Jarrod Harper	1 Javer Harper
	This form was completed by	Signature
	Manager, Regulatory & Compliance	/ 03/27/13
	Title	Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC

Attn: Clerk's Office
Post Office Drawer 11649
Columbia, South Carolina 29211

And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201